MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-000764
STATE FILE NUMBER

Registration District No. 71 Primary Registration District No. 3012 Registrar's No. 5

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

1 Good
2 Good
3
4 1
5 1
6
7 0
8 2
9 4201
10
11
12 90-C
13 1-C

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF — DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

FILED JAN 28 1963

1. PLACE OF DEATH
a. COUNTY: Clay
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Excelsior Springs
Length of stay in 1b: 54 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 510 Summit St.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Clay
c. CITY OR TOWN: Excelsior Springs
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 510 Summit St.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Sarah Middle: Last: McKown

4. DATE OF DEATH: Month: January Day: 15 Year: 1963

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 5-27-1880

9. AGE (last birthday): 82
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (City and state or country): Ray County Missouri

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Newton George

13b. MOTHER'S MAIDEN NAME: Josephine

14. NAME OF HUSBAND OR WIFE: John McKown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates): No

16. SOCIAL SECURITY NO.:

17. INFORMANT Address: Edward McKown, Excelsior Springs, Mo

18. CAUSE OF DEATH (Enter only one cause p
PART I. DEATH WAS CAUSED

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Coronary occlusion	4 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Coronary sclerosis	years
DUE TO (c)	Arteriosclerosis	years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Dec. 1953 to 15 Jan '63 and last saw her/him alive on 15 Jan. '63
Death occurred at 6:55 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): George E Sanders MD

22b. ADDRESS: Excelsior Springs, Mo

22c. DATE SIGNED: 1-15-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 1-17-1963

23c. NAME OF CEMETERY OR CREMATORY: Crown Hill

23d. LOCATION (City, town, or county) (State): Excelsior Springs, Mo.

24. FUNERAL DIRECTOR ADDRESS: Prichard Funeral Home, Inc. Excelsior Springs, Missouri

25. DATE RECD. BY LOCAL REG.: 1-10-63

26. REGISTRAR'S SIGNATURE: Caroline Hutchings

(Embalmer's Statement on Reverse Side)

Burial Permit Issued 1-15-63 - 6 N.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Lindell Jarman

Licensed Embalmer No. 4589

P. O. Address Excelsior Springs, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.